GOVERNMENT OF KERALA
Abstract

Group Personal Accident Insurance Scheme – Inclusion of additional categories of employees and renewal of the Scheme for the year 2011 - Orders issued.

FINANCE (ESTABLISHMENT-D) DEPARTMENT


Read:
1. G.O (P) No.221/07/Fin dated 29.05.2007
2. G.O (P) No.57/08/Fin dated 25.01.2008
3. G.O (P) No.130/08/Fin dated 17.03.2008
4. G.O (P) No.139/08/Fin dated 22.03.2008
5. Letter No.Ins/MI/2321/09 dated 27.10.2010 from the Director of Insurance, Thiruvananthapuram

ORDER

As per Government Order read as 1st paper, Government have approved the Scheme `Group Personal Accident Insurance Scheme to Government employees and teachers', which was implemented through National Insurance Company Limited on co-insurance basis with Kerala State Insurance Department. In the Government Orders read as 2nd to 4th papers above, the Scheme has been extended to the teaching and non-teaching staff of Aided Schools / Aided Colleges, employees of Panchayats, employees of Municipal Common Service including Part-time contingent employees and employees of Universities. The duration of the Scheme expires on 31.12.2010.

Several representations have since been received to extend the Scheme to employees of Public Sector Undertakings, Co-operative Institutions, autonomous bodies and other Government Institutions.

Government have examined the matter in detail and are pleased to implement the Group Personal Accident Insurance Scheme through Kerala State Insurance Department for the year 2011 with certain modifications and also pleased to extend the Scheme to the employees of all Public Sector Undertakings, Co-operative Institutions, autonomous bodies and other Government Institutions in addition to the categories of employees already...
covered under the Scheme, with immediate effect. The revised Scheme is appended to this Order.

By Order of the Governor,
Dr. A.K. DUBEY
PRINCIPAL SECRETARY (FINANCE)

To

The Principal Accountant General (Audit), Kerala, Thiruvananthapuram.
The Accountant General (A & E), Kerala, Thiruvananthapuram.
All Heads of Departments and Offices
The heads of all Public Sector Undertakings
The heads of all Co-operative Institutions
The heads of all autonomous bodies and other Semi-Government Institutions
All Departments and sections of the Secretariat
Industries Department (They are requested to give wide publicity about the G.O to PSU's and semi-Government institutions coming under their purview)
The Director of Insurance, Thiruvananthapuram.
The Director of Treasuries, Thiruvananthapuram
The Secretary, Kerala Public Service Commission,
Thiruvananthapuram (with C.L)
The Registrar, High Court of Kerala, Ernakulam (with C.L)
The Registrars, Universities of Kerala/Kochi/Calicut/ Mahathma Gandhi / Kannur (with C.L)
The Registrar, Kerala Lok Ayukta, Thiruvananthapuram
The Registrar, Kerala Agricultural University, Mannuthi (with C.L)
The Registrar of Co-operative Societies, Tvm (He is requested to give wide publicity about the G.O to all Co-operative institutions)
The Secretary, Ombudsman for Local Self Government,
Thiruvananthapuram
The Advocate General, Kerala, Ernakulam (with C.L)
All Principal Secretaries, Secretaries, Special Secretaries, Additional Secretaries, Joint Secretaries, Deputy Secretaries and Under Secretaries to Government
The Private Secretary to Speaker, Deputy Speaker of the Legislative Assembly
The Additional Secretary to the Chief Secretary
The Secretary, Human Rights Commission, Thiruvananthapuram
The Registrar, Sree Sankara Sanskrit University, Kalady (with C.L)
The Private Secretary to the Chief Minister and other Ministers
The Private Secretary to the Leader of Opposition
The State Election Commissioner, Kerala, Thiruvananthapuram
The State Chief Information Commissioner (with C.L)
The Nodal Officer, www.finance.Kerala.gov.in

Stock file/Office Copy.

Forwarded/By Order,

[Signature]
Section Officer
GROUP PERSONAL ACCIDENT INSURANCE SCHEME TO THE STATE GOVERNMENT EMPLOYEES AND TEACHERS, EMPLOYEES OF AIDED SCHOOLS AND AIDED COLLEGES, EMPLOYEES OF PANCHAYATH AND MUNICIPAL COMMON SERVICE, UNIVERSITIES, PUBLIC SECTOR UNDERTAKINGS, CO-OPERATIVE INSTITUTIONS, AUTONOMOUS BODIES AND OTHER GOVERNMENT INSTITUTIONS

1. Title and commencement: -

The scheme shall be called 'Group Personal Accident Insurance Scheme to the State Government Employees and Teachers, Employees of Aided Schools and Aided Colleges, employees of Panchayath and Municipal Common Service, Universities, Public Sector Undertakings, Co-Operative Institutions, Autonomous Bodies and other Government Institutions'. The scheme shall come into force with effect from 01.01.2011.

2. Definitions: -

As per this scheme: -

a. 'Accident' means any bodily injury sustained by the member on account of any sudden unforeseen or unexpected event which is solely or directly the result of an external, violent or visible means.

b. 'Insurer' means the Kerala State Insurance Department, which is a Department under Government of Kerala and includes its legal representatives or assigns.

c. 'Family' means: -

i. Spouse

ii. Minor sons

iii. Unmarried/widowed/divorced daughters.

iv. Major sons (sons who have attained legal majority).

v. Married daughters.

vi. Parents

vii. Minor brothers

viii. Unmarried sisters

ix. Children of a pre-deceased son or daughter

x. The paternal grand parents/maternal grand parents.

Note: item ii, iii, iv and v include step children, adopted children, posthumous children and item (vi) include adoptive parents.
d. ‘Medical Board’ means a single man Medical Board or the standing Medical Board constituted by the Director of Health Services.

e. ‘Member’ means the person whose life is proposed to be insured.

f. ‘Insured Person’ means the member who has insured his life under the scheme.

g. ‘Premium’ means the payment made by or on behalf of the Insured Persons to Kerala State Insurance Department as consideration for the Policy.

h. ‘Policy’ means Group personal accident Insurance policy taken for the benefit of the members under this scheme.

i. ‘Government’ means the Government of Kerala.

3. **Eligibility to become a policy holder**

   All State Government employees and teachers including part time contingent employees, Teaching and non-teaching staff of Aided Schools and Aided Colleges, employees of Panchayath and Municipal Common Service including part time contingent employees, employees of Universities, Public Sector Undertakings, Co-Operative Institutions, Autonomous Bodies, other Government Institutions’ shall be members of the scheme. The employees retiring during the currency of the policy shall be covered until expiry of the same.

4. **Premium**

   The Insured shall have to pay an annual premium of Rs.100/-, inclusive of Service tax for an assured sum of Rs.Eight lakh. The premium and the Sum assured fixed is for the year 2011.

5. **Officer of the Insured**

   The Drawing and Disbursing Officer, the District level officer / any higher authorities in the case of Self Drawing Officer, cheque issuing officer for Irrigation, PWD, Forest and Harbour Engineering Departments, Office head / the officer authenticated to draw and disburse the salary in all other cases.
6. Contingencies covered and Compensation admissible for Accident.

The compensation admissible shall be as follows:

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<tr>
<th>Sl. No.</th>
<th>Contingencies covered</th>
<th>Compensation</th>
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<tbody>
<tr>
<td>1.</td>
<td>Death due to Accident</td>
<td>100% of sum insured</td>
</tr>
<tr>
<td>2.</td>
<td>Loss of 2 limbs or sight of both eyes and one limb and sight of one eye due to Accident</td>
<td>100% of sum insured</td>
</tr>
<tr>
<td>3.</td>
<td>Loss of one limb or sight of one eye due to Accident</td>
<td>50% of sum insured</td>
</tr>
<tr>
<td>4.</td>
<td>Permanent total disablement due to Accident</td>
<td>100% of sum insured</td>
</tr>
</tbody>
</table>

Provided that no compensation shall be paid for death or disablement as described above arising out of intentional self-injury, suicide, attempted suicide, death or disablement due to accident while under the influence of intoxicating liquor or drugs and death or disablement while breaching law with criminal intent.

7. Procedure for applying for Insurance policy
(i) On commencement of this scheme, the Kerala State Insurance Department will issue a policy covering all employees coming under para 3 of this Order, who have remitted annual premium of Rs.100/-.  
(ii) The Drawing and Disbursing Officer / Self Drawing Officer shall deduct the premium of Rs.100/- per employee from all the categories of employees included in the Scheme from the salary for the month of November 2010 payable in December. In case of any spill over, the same should be recovered from the salary of December 2010 payable in the 3rd week of December. No further extension of time will be granted for joining the Scheme under any circumstances. The premium in respect of all employees should be credited to the head of account "8658 – Suspense Accounts, 102 – Suspense Accounts (Civil), 88 – Group Personal Accident Insurance Fund" and furnish the recovery particulars in Form II which contain the name and designation of employees.
from whom the premium was recovered in triplicate to the concerned Treasury Officer along with the salary bill. The Drawing and Disbursing Officer / Cheque Issuing Officer will be personally liable for the non-enrolment of employees coming under him. In the case of Self Drawing officer, the officer himself will be liable to ensure the enrolment.

(iii) The Cheque Issuing Officers of the Government Department should furnish the schedule in triplicate along with the cheques to the concerned Treasury.

(iv) In the case of all other institutions the officer authenticated to draw and disburse salary of the employees shall deduct the premium from the salary for the month of November 2010. In case of any spill over the same should remit in the Treasury under the head of account "8658 – Suspense Accounts, 102 – Suspense Accounts (Civil), 88 – Group Personal Accident Insurance Fund" on or before 31.12.2010 along with the recovery particulars in Form II which contain the name and designation of the employee from whom the premium was recovered in triplicate to the concerned treasury.

(v) All the Heads of Department / Office must ensure that all employees including employees on deputation and Leave Without Allowances for the month of November 2010 and December, 2010 are covered under the Scheme. In those cases the premium should invariably be remitted to the Drawing & Disbursing Officer, where the lien of the employee is attached through Form TR5 / proper receipt. The Drawing and Disbursing Officer / authorized officer in other cases should remit the collection under form TR5 / proper receipt to the head of account "8658 – Suspense Accounts, 102 – Suspense Accounts (Civil), 88 – Group Personal Accident Insurance Fund" with separate schedule in triplicate in the treasury. Those employees who are under suspension will have to remit the premium in person to the concerned Treasury in TR 5 / proper receipt with four copies of Form II. One copy of the schedule may be forwarded to Accountant General, one copy countersigned may be forwarded to Drawing / Disbursing Officer mentioned in para 5 and one copy may be forwarded to Director of Insurance.

(vi) The Treasury Officer should forward the schedule detailing the insured person along with the Demand Draft to the Director of Insurance, Thiruvananthapuram. One copy of the schedule may be forwarded to the
Accountant General and one copy countersigned by the Treasury Officer should be kept by Drawing and Disbursing Officer / Cheque issuing Officer / Officer authenticated to draw and disburse the salary. In the case of Self-Drawing Officers, the countersigned schedule should be made available in the District level office or higher authority as the case may be.

(vii) The Treasury Officers are authorized to take the Demand Draft for premia amount towards Group Personal Accident Insurance Scheme 2011 in favour of Director of Insurance, Thiruvananthapuram.

(viii) The Treasury Officers are permitted to draw the amount of premia towards Group Personal Accident Insurance Scheme 2011 from the suspense account 8658-102-88 for the limited purpose of taking the Demand Draft. The Treasury officer should ensure that the Demand Draft is delivered to Director of Insurance, Thiruvananthapuram on or before 05.01.2011. The Director of Insurance will furnish Government a report regarding total amount of premium received and the total number of employees enrolled in the Scheme on or before 31.01.2011.

(ix) The new entrants in service who joins duty on or after 01.01.2011 will not be covered under the Scheme for the year 2011. They shall wait till November 2011 to join the scheme, when the Scheme is renewed for next year.

8. Renewal of Policy
i. Before one month prior to the expiry of term of the policy in force the Government will issue orders for the renewal of the policy for the succeeding year.

ii. The procedure laid down in paragraph 7 shall also apply for renewing the policy.

9. Obligation of the members to give authorization
(i) On commencement of the Group Personal Accident Insurance Scheme 2011 (01.01.2011) every employee coming under this Scheme should submit the Form I within a period of two weeks which contains the name and address of his/her nominees who shall receive the benefits due to him/her of the policy incase he/she is incapacitated to receive it or if he/she predeceases the
nominee due to the accident and the proportion in which the amount is to be given to each of them. The same should be countersigned and kept by the officer mentioned in para 5.

Provided that if the member has a family he/she shall nominate the members of the family alone as nominees and if he/she has no family he/she may nominate any person as defined Rule 71 Part III KSR as nominee.

(ii). A nomination once given shall be in force until it is cancelled or changed by the insured.

(iii). A member may at any time cancel the nomination and subject to the provision of sub para (i) above fresh nomination may be given indicating the proportion in which the amount is to be given to each of the nominees.

(iv). In case the insured dies in an accident without a valid nomination, then the insured amount will be payable as indicated below:

a. If there are one or more surviving members of the family as at items (i), (ii) and (iii) of paragraph 2 (c) the amount becomes payable to all such members in equal shares;

b. If there are no such surviving members of the family as in (a) above, but one or more surviving members as in items (iv) and (v) of paragraph 2 (c), the amount becomes payable to all such members in equal shares;

c. If there are no such surviving members of the family as in (a) and (b) above, but one or both surviving member as at item (vi) of paragraph 2(c), the amount becomes payable to the member or to the both members in equal shares;

d. If there are no such surviving members as in (b) and (c) above, but one or more surviving members as at items vii, viii, ix, and x of paragraph 2 (c), the amount becomes payable to all such members in equal shares.

10. Terms and Conditions of issuing policy.

The terms and conditions of the policy shall be as per Kerala State Insurance Department’s standard Group Personal Accident Policy subject otherwise to the modifications mentioned in this Scheme if any.
The Kerala State Insurance Department shall issue the policy to Government of Kerala subject to the terms and conditions fixed by the Government.

Provided the Department shall not have the right to alter, amend or modify the terms and conditions of issuing the policy so as to affect prejudicially the interests of the Government/Member during the period, while the policy remains in force.

11. Procedure for claiming compensation

a. Claims for all the benefits to which a member or as the case may be, his nominees or dependents are entitled to shall be preferred by the officer mentioned in para 5.

b. When an accident is caused and an injury sustained by the Insured Persons which may give rise to a claim under the Policy, he or any of his nominees or dependents shall inform the Officer mentioned in para 5 within a period of one month from the date on which the accident took place.

c. The Officer mentioned in para 5, as soon as information is received of the accident, in any case not later than forty five days from the date of occurrence of the accident give notice to the Kerala State Insurance Department regarding the accident.

d. In the case of an accident not involving death of the member the member himself or any of his nominees or dependents shall forward to the Officer mentioned in para 5 attested copies of the following:

   i. Claim form

   ii. Medical records.

   iii. Disability certificate; from the Medical Board.

   iv. Police documents if police case registered.

   v. Proof regarding the remittance of premium in favour of the member to the accounts of Kerala State Insurance Department. (only in the case of employees on deputation and leave without allowances)
(e) In the case of an accident involving death of the member any of his nominees or dependents or any other person shall forward to the officer mentioned in para 5, attested copies of

(i) Claim Form
(ii) FIR from Police Department wherever applicable.
(iii) Mahazar from Police Department.
(iv) Death Certificate
(v) Postmortem report
(vi) Form No.1 (Nomination form)

(f) On receipt of the certificates referred to in sub-para (d) or sub-para (e), the Officer mentioned in para 5 shall verify the same and then prefer a claim to the Director of Insurance, Thiruvananthapuram for benefits due to the member or his/her nominee(s) in the form specified by Kerala State Insurance Department enclosing there with the attested copies of the above said certificates along with proof regarding remittance of premium in favour of the member to Kerala State Insurance Department along with Form No.1. If a member having no family dies in an accident without nominating any person and if a dispute in respect of his succession is pending before a court of law, or if a dispute among the nominees of a deceased member regarding their eligibility to be his nominees of the proportion in which the benefits were apportioned among the nominees by the deceased member pending before a court of law, officer mentioned in Para 5 with a request to deposit the entire benefits received on behalf of the deceased member or as the case may be or part thereof, on which there is dispute, in the respective court where the dispute is pending.

(g) The Director of Insurance shall, after making such enquiries as it deems fit, sanction the compensation in cases where no dispute is pending, in accordance with the scale referred to in paragraph 6 and pay by way of Demand Draft(s), through the officer mentioned in para 5, to the member/nominee(s) the amount that each is entitled to under intimation to Government. Compensation amount in respect of cases where disputes are pending before Court shall be deposited in respective Court. The Kerala State Insurance Department shall withdraw and release the amount deposited in
Courts only after the final settlement of the dispute pending before the Court in accordance with the decision of the Court.

(h) The Officer mentioned in para 5 shall, as soon as the Demand Drafts are received, send it to the member/nominee(s) concerned under intimation to the Director of Insurance.

(i) When there is no nomination, the Officer mentioned in para 5 shall prefer a claim before the Director of Insurance after determining the eligibility of the surviving members of the family as mentioned in paragraph 9 (iv) to receive the amount. Kerala State Insurance Department and Officer mentioned in para 5 shall follow the procedures prescribed in sub paras (g) and (h), for payment of compensation to such members of the family.

(j) In the absence of any surviving eligible member of the family as defined in paragraph 2 (c) the amount shall be paid to the eligible legal heirs in equal shares on production of a succession certificate from Court of Law. The reasons for delay in determining the eligible legal heirs shall be reported by the Officer mentioned in para 5 to the Director of Insurance while preferring the claim.

12. Procedure in case of rejection of claim

(a) If the member who suffers the accidental disablement or his/her nominees or dependents in case of accidental death are of opinion that the compensation claim rejected by the Kerala State Insurance Department is not in accordance with the terms and conditions for issuing the policy, he/she or they may make a complaint to the Principal Secretary, Finance Department, Government of Kerala within sixty days of the rejection of the compensation claim by the Department.

(b) The complaint under sub- section (a) shall be accompanied by -

i. Copy of the report of Kerala State Insurance Department rejecting the claim.

ii. A clear and brief statement of reasons for reconsideration of the claim.

iii. Copies of certificate mentioned at section 11 of the scheme and further documents to substantiate the complaint.
(c) The complaint and the enclosures therewith shall be submitted in duplicate.
(d) As soon as the complaint is received and in any case not later than ninety days from the date of rejecting the claim by the Kerala State Insurance Department, the Principal Secretary (Finance) shall forward a copy of the same to the Director of Insurance, Thiruvananthapuram with the enclosures thereto and direct the Director of Insurance to authorize a representative to appear before Government to have a discussion to settle the matter in the presence of the member concerned or his nominees or dependents or authorized agents.
(e) If, however, it is not possible to arrive at a consensus in the discussion held at sub-section (d) the case shall be left to the decision of the Insurance Ombudsman.
(f) The decision of the Insurance Ombudsman shall be final.

13. Procedures when there is dispute among the nominees or Legal heirs of a member:

(a) If a member having no family dies in an accident without nominating any person and if a dispute in respect of his succession is pending before a court of law, or if a dispute among the nominees of a deceased member regarding their eligibility to be his nominees or the proportion in which the benefits were apportioned among the nominees by the deceased member pending before a court of law, Officer mentioned in para 5 preferring the claim to the Kerala State Insurance Department with a request to deposit the entire benefits receivable on behalf of the deceased member or as the case may be or part thereof, on which there is dispute, in the court where the dispute is pending.
(b) When the succession dispute pending before the court is finally decided the Director of Insurance shall pay the compensation amount to the nominees by way of Demand Draft through the Officer mentioned in para 5 to the person concerned in accordance with the decision of the court.

14. Benefits from other Sources not a bar for deriving benefits under this Scheme

The benefits, if any, accruing to a member from other source or scheme for an accident benefit shall not operate as a bar for receiving the benefits due under the scheme.
KERALA STATE INSURANCE DEPARTMENT  
GROUP PERSONAL ACCIDENT INSURANCE SCHEME  
FORM I  
See Section 9(1)

Name of Employee: .................................................................  PEN/KSID ID: .................................................................
Signature: ..............................................................................
Date: ......................................................................................

I do hereby inform the ................................................................. (Designation of Head of Office) that the person(s) mentioned under shall be my Nominee(s) and that the benefits due to me under the Personal Accident Insurance Scheme to Government Employees and Teachers shall be given to them in the following proportions (in the event of my death or incapacitated to receive the benefit).

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Nominee</th>
<th>Age</th>
<th>Address</th>
<th>Relationship with the member</th>
<th>Proportion of benefits to be given</th>
<th>Contingency under which the nomination becomes ineffective</th>
<th>Person whom the amount is to be given if the nominee is a minor</th>
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Countersigned:  
Head of Office/Head of District Office

Signature:  
Name of Employee:  

*Officer of the Insured mentioned in Section 5
KERALA STATE INSURANCE DEPARTMENT

FORM II

See Section 7(ii) to 7(vi)

Statement showing deduction towards Group Personal Accident Insurance Scheme
to the State Government Employees and Teachers, Employees of Aided Educational Institutions,
Universities, Public Sector Undertakings, Co-operative Institutions, Autonomous bodies and other Semi-
Government Institutions

DDO/SDO Code: .......................................................... Salary Head: ..........................................................
Name of Office: ...........................................................................................................................................
Address: .......................................................................................................................................................
Department: ..................................................................................................................................................
Mode of Payment (By Salary Deduction/Cheque/Challan): ..........................................................................
Details of Salary Bill/Cheque/Challan: ...........................................................................................................

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>PEN/KSID ID</th>
<th>Name</th>
<th>Designation</th>
<th>Amount</th>
<th>Remarks</th>
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Grand Total

(Rupees ......................................................... only)

Place: ................................................. (Office Seal)
Date: ....................................................

Name & Signature
of Drawing & Disbursing Officer
# GROUP PERSONAL ACCIDENT SCHEME

**CLAIM FORM**

This Claim Form should be completed by the insured Person or his/her eligible family member, as the case may be. Issue of this Claim Form does not tantamount to admission of liability by the Department.

1. **Full Name of the Insured Person**
   
2. **Official Designation of the Insured Person**
   
3. **Official Address of the Insured Person**
   
   **PIN:**

4. **Full Name of the Claimant**
   
5. **Residential Address of the Claimant**
   
   **PIN:**

6. **Date, Time, and Place of Accident**
   
   **Date:**

7. **Full Description of the Accident (Please attach separate sheet, if required)**

8. **Details of Injury and Treatment in case of no-fatal accident (Please attach separate sheet, if required)**

9. **Details of any other insurance policy covering the Insured Person against Personal Accident**

   **Name of Policy**

   **Name of Company**

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**DECLARATION**

I hereby declare that the foregoing statement are true in all respect and that I have not concealed from the Department which ought to have been disclosed and I agree that if I have made or shall in any further declaration that the Department may require, make any false or fraudulent statement or suppress, conceal or aver untruthly, my right to compensation shall be forfeit.

**Witness:**

1. 

2.

**Place:**

**Signature:**

**Name of Claimant:**

**Date:**